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TITLE: Non-Occupational HIV Post Exposure Prophylaxis At A Boston Community Health Center

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ISSUE: Recommendations have recently been developed for post-exposure prophylaxis (PEP) for non-occupational exposures to HIV. Limited data is available regarding the types of exposures for which PEP is prescribed, and little is known about the population most likely to seek PEP.

SETTING: Fenway Community Health Center (FCHC) is one of New England 's largest HIV clinical care center. In September 1997, FCHC in conjunction with the Massachusetts Department of Public Health initiated a Comprehensive program that provides PEP for potential HIV exposures in non-occupational settings.

PROJECT: The PEP program was developed by members of the research, medical, and mental health departments and offers 24 hour access to a clinician who can screen callers and provide HIV PEP if indicated. The program involves regular medical and mental health evaluations while on PEP. Follow up occurs at 3 and 6 months. Laboratory tests include HIV antibody, HIV plasma RNA, and safety labs to monitor drug toxicity.

RESULTS: Between September 1997 and February 1999, 71 calls were received from individuals reporting potential HIV exposures. Of these callers, 49 were started on PEP. For those individuals who were started on PEP, there were 42 men & 7 women; 33 identified as gay, 14 identified as heterosexual, 1 bisexual and 1 declined to state. Thirty-six individuals identified as Caucasian, 4 African-American, 2 Latino, 1 Asian, and 6 others. The most common exposures were unprotected receptive anal intercourse (n=22), unprotected receptive oral intercourse with ejaculation (n=6), unprotected insertive anal intercourse (n=6), unprotected receptive vaginal intercourse (n=6), unprotected insertive vaginal intercourse (n=6). Ten individuals received AZT/3TC alone. The rest of the individuals received three drugs [AZT/3TC/INDINAVIR (n=29); AZT/3TC/NELFINAVIR (n=7); 3 others]. Thirty-five individuals completed the 4-week course of PEP, 11 individuals stopped early. The most common reason for stopping was due to medication side effects. Of the 49 cases, 7 individuals requested PEP more than once. Mental health services were offered to everyone, however not every person accepted this service. To date, there have been no seroconversions.

LESSONS LEARNED: HIV PEP administration is feasible, but highly labor intensive in a community based setting. As awareness of this program grows, there has been a trend towards increased utilization. Receiving a course of PEP does not necessarily change risk-taking behaviors; hence an active mental health component and triage into behavioral risk reduction services will be essential for optimizing public health benefit.

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